

**Swindon Borough Council
Incident Questionnaire for Members of the Public
Personal Injury**



Warning – Fraud

A fraudulent claim will result in the loss of all compensation and may lead to the institution of criminal proceedings. Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd.) The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

Please complete in Black Ink Only

Full Name: Mr/Mrs/Miss/Ms.....
Address:
.....
Post Code: **Telephone Number:**
Age: **Occupation:**
Employment Status: F- Time/P Time Employee/Self Employed
National Insurance Number:

Date of Incident: **Time:**am/pm
Date Defect was first reported, if applicable:.....
To Whom:
How first reported: Telephone/Letter/Other

Please detail as clearly as possible the incident and how it occurred:

.....
.....
.....
.....
.....

Witnesses: (Please enclose any supporting statements)

Name:
Address:
.....
.....

PLEASE DRAW A SKETCH PLAN SHOWING THE EXACT LOCATION OF THE INCIDENT AND/OR ALLEGED DEFECT

Please indicate direction of travel:

Have photographs also been enclosed: Yes/No

Please detail the exact location of the incident: Street Name/Outside House Number/Lighting Column/Shopping Centre/Sports Centre:

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.....
.....
.....

Highway Incidents Only

On what part of the Highway did the incident occur?

Road/Footpath/Alleyway/Cycle Path/Grass Verge/Other:

Surface Type?

Tarmac/Paving Slabs/Paving Blocks/Concrete/Other:

Please give details of the defect:

Manhole Cover/Pothole/Raised or Sunken Paving/Other:

Defect Measurement if known:

Length: **Width:** **Depth:** **Height:**

Weather Conditions:

Dry/Wet/Icy/Other:

Please detail the extent of your injuries including any damage to your personal effects:

.....
.....

Did you seek medical attention: Yes/No

If yes please give details including the Doctor's name and telephone number:

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.....
.....

Have you suffered an incident of this nature previously? Yes/No

If yes please give details:

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.....

Reason you consider the Council to be at fault:

.....
.....
.....
.....

I declare that all answers are true and correct.

Signed:

Date:

**Upon completion please return to:
Swindon Borough Council
Insurance Section
Civic Offices
Euclid Street
Swindon
SN1 2JH**